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APPLICANTS

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** CONTINUING DATA ***** NO DD

** FOREIGN APPLICATIONS ***** NO DD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY	SHEETS DRAWING 5	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
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Verified and Acknowledged *Octavia Davis* Allowance Examiner's Signature *DD* Initials

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TITLE

Digital compression gauge

FILING FEE RECEIVED 588	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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